Note: All references are to sections of the RFA.

Question 1: Please clarify what constitutes a rural hospital or group of rural hospitals? Can programs include training sites in non-rural areas to fulfill ACGME training requirements?

Response: Act 20, §1899, 146.63 defines a rural hospital as any hospital, as defined under s. 50.33 (2), that is not located in a 1st class city. Milwaukee is the only city in Wisconsin classified as a 1st class city. Hospitals include other health care facilities, e.g., outpatient clinics and specialty hospitals. As indicated in Section 4.3, a group of hospitals may include a sponsoring institution or health system and one or more urban/non-rural sites in order to meet accreditation standards. A single rural hospital may also partner with a sponsoring institution and/or urban hospital.

Question 2: Please clarify which specialties can apply and whether any are weighted more heavily in the review process.

Response: The five specialties that may be funded through this grant are: family medicine, general internal medicine, general surgery, pediatrics and psychiatry. A program may choose to pursue a single specialty or a combination program (e.g., internal medicine and pediatrics or pediatrics and general psychiatry). There is no preference given to one specialty over another.

The criteria used by the rating panel are articulated in Appendix B of the RFA. Applications that demonstrate a collaborative partnership will receive extra points during the rating process.

Question 3: We represent a hospital that will likely create two or more new programs during the five-year window for establishing programs prior to CMS setting the caps for the number of residents. Is our hospital (or consortium) eligible to apply for more than one grant?

Response: Yes, a hospital or group of hospitals may apply for one three-year grant for **each** program it intends to create. For example, if a hospital were to create both a pediatric psychiatric program and a new family medicine alternative training track, the hospital would be eligible to apply for a grant of up to a maximum of $250,000 each year for up to three years ($750,000 maximum) for each program.

Question 4: The legislative language indicates that funds can be used to "procure infrastructure and increase case volume" necessary to develop an accredited program. Can we seek funds to support faculty development or a regional resource center that will help ensure a sufficient number of faculty are trained and/or there are sufficient rural training sites with adequate patient loads for program accreditation?

Response: Yes, an application for these purposes would be considered. Such an application would need to clearly indicate a high probability of recruiting a significant number of new rural sites and explain how the proposed activities would further efforts toward the long-term goal of

having more physicians practicing in rural areas of Wisconsin. Applicants considering such an approach are strongly encouraged to develop partnerships with other health care entities, e.g., health care systems or sponsoring institutions. The amount requested and the length of the grant period should be consistent with the amount of effort required to achieve the proposed targeted benchmarks. Applicants seeking support for these activities should also consider resources potentially available via the Wisconsin Rural Physicians Residency Assistance Program (WRPRAP).

Question 5: The RFA references restructured programs. What constitutes a restructured program and how does it differ from a new or expanded program?

> **Response:** As indicated in Section 4.7, a restructured program is an existing accredited GME program in one of the targeted specialties that seeks to add new rural training experiences and may include the addition of new resident positions. For example, an existing general surgery program might propose to develop a specific rural track that will include an addition of two new resident positions. This type of approach may require creating a separate match number and would most likely require establishing new rural training sites and other changes to the current program. See Sections 5 and 6.2.

Question 6: We have had preliminary discussions about starting a new GME program, but have not yet made a definite decision or completed a feasibility study. Assuming that there is some uncertainty about a new Request for Applications being issued in 2016, should we apply this early in the planning process?

> **Response:** Each applicant must meet all requirements specified in the Request for Applications. Each proposal received by the deadline will be reviewed by the Rating Panel based on the criteria in Section 10.2 and Appendix B – the Scoring Matrix. In making decisions about applying at this time, applicants should keep in mind the three-year grant limit and the requirement that the applicant have an ACGME/AOA accredited program by the end of the funding period (for new GME programs).

Question 7: Our Sponsoring Institution or the health system/hospital headquarters is out-of-state, but all or a large number of the clinical training sites are in Wisconsin. Are we eligible to apply?

> **Response:** Yes. As stated in Section 4.11, the program must have a substantial presence in Wisconsin, but program partners or sponsors may be located in another state.

Question 8: If we apply for these funds, can we also apply for the other DHS grant to support the residents when the program launches?

> **Response:** No. Residents entering a program created via the New GME Program Grant must be supported by other resources. An explanation of how these costs will be covered and the long-term sustainability plan are critical scoring criteria for all applications.

Question 9: What is the expectation for the number of residents per program?

> **Response:** The number of resident slots created will depend on the size of the new program; there is no required number of resident slots.